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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 523	
1. PLACE OF DEATH				COUNTY <u>Yuma</u> STATE <u>ARIZONA</u>		REGISTERED NO. <u>89</u>	
TOWNSHIP <u>Yuma</u> OR VILLAGE _____				CITY <u>Yuma</u> NO. <u>Yuma Gen Hosp</u> ST. <u>Ave B</u> WARD _____			
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)							
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. <u>3</u> MOS. <u>3</u> DS. _____				HOW LONG IN U. S. IF OF FOREIGN BIRTH YRS. _____ MOS. _____ DS. _____			
2. FULL NAME <u>Petra Santa Cruz</u>				HOW LONG IN STATE WHEN DEATH OCCURRED YRS. _____ MOS. <u>3</u> DS. _____			
(A) RESIDENCE: NO. _____ ST. _____ WARD _____				(IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)			
(USUAL PLACE OF ABODE)							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Female</u>		4. COLOR OR RACE <u>Mexican</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Single</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 21, 1940</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 18, 1940</u>		7. AGE YEARS MONTHS DAYS <u>3</u> IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.		22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>May 18</u> , 19 <u>40</u> , TO <u>May 21</u> , 19 <u>40</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. _____		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____		10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Yuma, Ariz</u>		13. NAME <u>Manuel Santa Cruz</u>		14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Yuma, Ariz</u>		15. MAIDEN NAME <u>Ambrosia Rich</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Picacho, Calif</u>		17. INFORMANT (ADDRESS) <u>Manuel Santa Cruz, Yuma, Ariz</u>		18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Yuma Cemetery</u> DATE <u>May 29, 1940</u>		19. EMBALMER (LICENSE NO. <u>168 A</u>) SIGNATURE <u>Roy E. Bower</u> FUNERAL DIRECTOR <u>Yuma Mortuary</u> ADDRESS <u>Yuma, Ariz</u>	
20. FILED <u>May 22, 1940</u> BY <u>Mary A. Kupperman</u> REGISTRAR		23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____		WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)		SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____	
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>No</u>		IF SO, SPECIFY _____ (SIGNED) <u>John F. Stanley</u> M. D. (ADDRESS) <u>Yuma, Arizona</u>		MANNER OF INJURY _____		NATURE OF INJURY _____	
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Premature birth</u>		DATE OF ONSET <u>5-18-40</u>					